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# TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

	Application Number	10/523,655	
	Filing Date	February 4, 2005	
	First Named Inventor	ESCHER, Alan P.	
	Art Unit	To be assigned	
	Examiner Name	To be assigned	
Total Number of Pages in This Submission	39	Attorney Docket Number	14102-1US

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> <input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> <input checked="" type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> <input checked="" type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	<b>Statement Under 37 CFR 1.97(e) Accompanying Information Disclosure Statement; Form PTO/SB/08a/B, copies of 4 references &amp; Postcard</b>
<input checked="" type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		
Remarks		
Also, enclosed is copy of Supplementary Partial European Search Report issued by the EPO in corresponding application.		

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	SHELDON & MAK PC		
Signature			
Printed name	David A. Farah, M.D.		
Date	June 13, 2005	Reg. No.	38,134

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**STATEMENT UNDER 37 CFR 1.97(e) ACCOMPANYING  
INFORMATION DISCLOSURE STATEMENT**

Docket No.  
**14102-1US**

In Re Application Of: **ESCHER, Alan P. et al.**

*JUL 18 2005*

Application No.	Filing Date	Examiner	Customer No.	Group Art Unit	Confirmation No.
10/523,655	February 4, 2005	To be assigned	23676	To be assigned	To be assigned

Invention: **SUBSTANCES FOR PREVENTING AND TREATING AUTOIMMUNE DISEASES**

**COMMISSIONER FOR PATENTS:**

This is a statement under the provisions of 37 CFR 1.97(e) in the above-identified application.

Check applicable statement herebelow:

**Statement Under 37 CFR 1.97(e)(1)**

- Each item of information contained in the accompanying Information Disclosure Statement was first cited in any communication from a foreign patent office in a counterpart foreign application not more than three months prior to the filing of the Information Disclosure Statement.

**Statement Under 37 CFR 1.97(e)(2)**

- No item of information contained in the accompanying Information Disclosure Statement was cited in a communication from a foreign patent office in a counterpart foreign application, and, to the knowledge of the undersigned person, after making reasonable inquiry, no item of information contained in the accompanying Information Disclosure Statement was known to any individual designated in 37 CFR 1.56(c) more than three months prior to the filing of the Information Disclosure Statement.

*D. A. Farah*  
Signature

David A. Farah, M.D. Reg. No. 38,134

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Dated: **June 13, 2005**

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**June 13, 2005**

(Date)

*Marilyn Paik*  
Signature of Person Mailing Correspondence

**Marilyn Paik**

*Marilyn Paik*  
Typed or Printed Name of Person Mailing Correspondence

CC: Loma Linda University



PTO/SB/08a (08-03)

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JUL 18 2005

**Substitute for form 1449A/PTO**

## **INFORMATION DISCLOSURE STATEMENT BY APPLICANT**

(use as many sheets as necessary)

Sheet

1

of

2

**Complete if Known**

Substitute for form 1449A/PTO				<i>Complete if Known</i>	
<b>INFORMATION DISCLOSURE STATEMENT BY APPLICANT</b>  <i>(use as many sheets as necessary)</i>				Application Number	10/523,655
				Filing Date	February 4, 2005
				First Named Inventor	ESCHER, Alan P.
				Art Unit	To be assigned
				Examiner Name	To be assigned
Sheet	1	of	2	Attorney Docket Number	14102-IUS

## **U.S. PATENT DOCUMENTS**

## FOREIGN PATENT DOCUMENTS

**Examiner  
Signature**

Date  
Considered

\*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.<sup>1</sup> Applicant's unique citation designation number (optional).<sup>2</sup> See Kinds Codes of USPTO Patent Documents at [www.uspto.gov](http://www.uspto.gov) or MPEP 901.04.<sup>3</sup> Enter Office that issued the document, by the two-letter code (WIPO Standard ST.3).<sup>4</sup> For Japanese patent documents, the indication of the year of the reign of the Emperor must precede the serial number of the patent document.<sup>5</sup> Kind of document by the appropriate symbols as indicated on the document under WIPO Standard ST.16 if possible.<sup>6</sup> Applicant is to place a check mark here if English language Translation is attached.

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Substitute for form 1449B/PTO

## **INFORMATION DISCLOSURE STATEMENT BY APPLICANT**

(use as many sheets as necessary)

Sheet

2

of

2

***Complete if Known***

Application Number	10/523,655
Filing Date	February 4, 2005
First Named Inventor	ESCHER, Alan P.
Art Unit	To be assigned
Examiner Name	To be assigned
Attorney Docket Number	14102-1US

**OTHER PRIOR ART -- NON PATENT LITERATURE DOCUMENTS**

Examiner Signature		Date Considered	
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**\*EXAMINER:** Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not

<sup>1</sup> Applicant's unique citation designation number (optional). <sup>2</sup> Applicant is to place a check mark here if English language Translation is attached.

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